								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								ĺ					
Effective October 1, 2003								11	Clar	13	878		
CLAIMS AS FILED - PART I								LE	NTITY		OTHE	RTHAN	
(Column 1) (Column 2)							TYPE			OR	•	ENTITY	
TOTAL CLAIMS 35			·				RA [*]	ΤE	FEE]	RATE	FEE	
FOR ·			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	35 minus 20=		*15		xs	9=	135	OR	X\$18=		
INI	DEPENDENT C	CLAIMS	3 minus 3 =		0		X43	3=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+14	5=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL	520	OR	TOTAL		
CLAIMS AS AMENDED - PART II									<u> </u>]	OTHER	THAN	
(Column 1) . (Column 2) (Column 3)							SMA	LL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHE NUME PREVIO	BER	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	*	Minus	PAID F	·OH	=	X\$ 9)=	FEE	OR	X\$18=	FEE	
	Independent	*	Minus	***		=	X43			1 1	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						740	_		OR	7,002		
1,18,30								=		OR	+290=		
•							TO ADDIT, F	TAL		OR	TOTAL ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)								_			
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9	-		OR	X\$18=		
AMEN	Independent	*	Minus	***		=	X43=			OR	X86=		
`	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM			7		İ			
1							+145			OR	+290=	•	
								AL EE		OR ,	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)									. •			·	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
A ME	Independent		Minus	***		=	X43=	十			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR			
• If	the entry in colum	+145= TOT/			OR	+290=							
•• H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
T	he "Highest Num	ber Previously Paid	For (Total or	Independen	t) is the l	highest number fo	und in the	appr	priat box	in colu	mn 1.		